

DEPARTMENT OF FORESTRY AND FIRE PROTECTION
Mandatory Education/Experience Matrix
Battalion Chief (Nonsupervisory)

NAME OF COMPETITOR:

COMPETITOR'S CURRENT CLASSIFICATION TITLE:

I. EXPERIENCE

PROVIDE THE BEGINNING AND ENDING DATES (MM/DD/YY – MM/DD/YY) THAT CORRESPONDS TO THE CLASSIFICATION(S) AND ASSIGNMENT(S) LISTED BELOW. PROVIDE DATES ONLY IF YOU PERFORMED THE DUTIES OF THE CLASSIFICATION(S) AND ASSIGNMENT(S) LISTED. SUPERVISION OF STAFF PERFORMING THE DUTIES IS NOT APPLICABLE AND SHOULD NOT BE COMPLETED. ASSIGNMENTS MAY BE PERMANENT, LIMITED-TERM, TEMPORARY AUTHORIZATION (TAU) APPOINTMENTS, OFFICIALLY APPROVED OUT-OF-CLASS (OOC) ASSIGNMENT (VERIFICATION REQUIRED), AND/OR TRAINING AND DEVELOPMENT (T&D) ASSIGNMENT ONLY. INCLUDE ONLY ASSIGNMENTS OF SIX CONSECUTIVE MONTHS OR MORE IN DURATION BY JANUARY 27, 2009. EXPERIENCE CREDIT WILL NOT BE GIVEN IN MORE THAN ONE CATEGORY FOR THE SAME TIME PERIOD.

	Schedule A Station		Schedule B Station		Safety		Training		Resource Mgmt.		Conservation Camp		Prevention		ECC		Air Attack/ Helitack		Planning/ PreFire Engineering		*Other	
	From	To	From	To	From	To	From	To	From	To	From	To	From	To	From	To	From	To	From	To	From	To
Battalion Chief																						
Forester I																						
Fire Captain																						
Fire Apparatus Engineer	08/01/99- 09/30/01		10/15/03- 11/30/07								12/01/07- present											
*Other																						
*Other																						
*Other																						
*Other																						

CHECK THE BOX(ES) THAT INDICATE THE LOCATION(S) YOU HAVE WORKED FOR THE ASSIGNMENT(S) LISTED ABOVE FOR SIX CONSECUTIVE MONTHS OR MORE IN DURATION BY JANUARY 27, 2009.

- ☐ CAL FIRE Sacramento
☐ CAL FIRE Region
☐ CAL FIRE Academy

☒ **CAL FIRE Unit(s)**

List Unit(s): FKU MMU _____

☐ **Other**

List location(s): _____

*Indicate title of "OTHER" Assignments/Classifications

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II. EDUCATION

CHECK THE BOX THAT INDICATES THE HIGHEST LEVEL OF EDUCATION COMPLETED. YOU MUST INCLUDE THE NAME OF THE COLLEGE, CORRESPONDING MAJOR, AND COMPLETION DATE. TO RECEIVE CREDIT FOR A COLLEGE DEGREE, YOU MUST HAVE RECEIVED YOUR DIPLOMA FROM AN ACCREDITED INSTITUTION OF POST SECONDARY EDUCATION RECOGNIZED BY THE AMERICAN COUNCIL ON EDUCATION. VERIFICATION OF DEGREE IS REQUIRED AND MUST BE SUBMITTED WITH THIS DOCUMENT. VERIFICATION MUST INCLUDE A COPY OF YOUR DIPLOMA OR TRANSCRIPTS (TRANSCRIPTS MUST INDICATE THAT A DEGREE HAS BEEN ISSUED). IF YOUR DIPLOMA OR TRANSCRIPTS ARE NOT AVAILABLE, YOU MAY PROVIDE A LETTER (ON OFFICIAL LETTERHEAD) FROM THE EDUCATIONAL INSTITUTION SIGNED BY THE DEAN OR REGISTRAR INDICATING COMPLETION OF REQUIREMENTS TO OBTAIN A DEGREE. VERIFICATION MUST INCLUDE YOUR NAME, THE NAME OF THE EDUCATIONAL INSTITUTION, THE CORRESPONDING MAJOR, AND THE COMPLETION DATE.

- | | |
|---|---|
| <input type="checkbox"/> Bachelor of Arts (BA)/Bachelor of Science (BS)
Name of College: _____
Major: _____
Completion Date: _____ | <input checked="" type="checkbox"/> Associate of Arts (AA)/Associate of Science (AS)
Name of College: <u>Columbia College</u>
Major: <u>Fire Science</u>
Completion Date: <u>June 15, 2000</u> |
|---|---|

III. CERTIFICATION(S)/LICENSE

CHECK THE BOX(ES) THAT INDICATE THE CERTIFICATION(S)/LICENSE YOU POSSESS. A CERTIFICATE OF COMPLETION/LICENSE IS REQUIRED AND MUST BE SUBMITTED WITH THIS DOCUMENT.

- | | |
|---|--|
| <input type="checkbox"/> National Fire Academy Executive Fire Officer Certificate
<input type="checkbox"/> P.O.S.T. Certificate
<input type="checkbox"/> State Fire Marshal (SFM) Chief Officer Certificate | <input checked="" type="checkbox"/> SFM Fire Officer Certificate
<input type="checkbox"/> Paramedic License
<input type="checkbox"/> SFM Hazmat Specialist/California Specialized Training Institute
Hazardous Materials Specialist Certificate |
|---|--|

CHECK THE BOX(ES) THAT INDICATE THE INCIDENT COMMAND SYSTEM QUALIFICATIONS FOR WHICH YOU ARE CURRENTLY QUALIFIED AS OF JANUARY 27, 2009; TRAINEE STATUS WILL NOT BE COUNTED. IT IS NOT NECESSARY FOR YOU TO PROVIDE VERIFICATION IF YOU CHECKED ANY OF THESE BOX(ES). VERIFICATION WILL BE HANDLED INTERNALLY THROUGH THE EXAMINATION UNIT.

- | | | |
|---|---|---|
| <input type="checkbox"/> Incident Commander
<input type="checkbox"/> Information Officer
<input type="checkbox"/> Liaison Officer/Agency Representative
<input type="checkbox"/> Safety Officer
<input type="checkbox"/> Finance/Administration Chief | <input type="checkbox"/> Logistics Chief
<input type="checkbox"/> Planning Chief
<input type="checkbox"/> Operations Chief
<input checked="" type="checkbox"/> Division/Group Supervisor
<input checked="" type="checkbox"/> Strike Team Leader | <input checked="" type="checkbox"/> Unit Leader (Specify) <u>Situation Unit Leader</u>
<input type="checkbox"/> Unit Leader (Specify) _____
<input type="checkbox"/> Unit Leader (Specify) _____
<input type="checkbox"/> Technical Specialist (Specify) _____
<input type="checkbox"/> Branch Director (Specify) _____ |
|---|---|---|

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IV. STATE OR FEDERAL INCIDENT COMMAND TEAM POSITION(S)

CHECK THE BOX(ES) THAT INDICATE THE STATE OR FEDERAL INCIDENT COMMAND TEAM POSITION(S) YOU HAVE HELD FOR 12 CONSECUTIVE MONTHS OR MORE IN DURATION BY JANUARY 27, 2009. YOU MUST INCLUDE THE FROM AND TO DATE(S) (MM/DD/YY – MM/DD/YY), TEAM NAME(S), AND TEAM NUMBER(S). IT IS NOT NECESSARY FOR YOU TO PROVIDE VERIFICATION IF YOU CHECKED ANY OF THESE BOX(ES). VERIFICATION WILL BE HANDLED INTERNALLY THROUGH THE EXAMINATION UNIT.

<input type="checkbox"/> Incident Commander	From:	To:	Team Name(s) and Number(s):
<input type="checkbox"/> Deputy Incident Commander	From:	To:	Team Name(s) and Number(s):
<input type="checkbox"/> Information Officer	From:	To:	Team Name(s) and Number(s):
<input type="checkbox"/> Liaison Officer/Agency Representative	From:	To:	Team Name(s) and Number(s):
<input type="checkbox"/> Safety Officer	From:	To:	Team Name(s) and Number(s):
<input type="checkbox"/> Finance/Administration Chief	From:	To:	Team Name(s) and Number(s):
<input type="checkbox"/> Logistics Chief	From:	To:	Team Name(s) and Number(s):
<input type="checkbox"/> Planning Chief	From:	To:	Team Name(s) and Number(s):
<input type="checkbox"/> Operations Chief	From:	To:	Team Name(s) and Number(s):
<input type="checkbox"/> Division/Group Supervisor	From:	To:	Team Name(s) and Number(s):
<input type="checkbox"/> Strike Team Leader	From:	To:	Team Name(s) and Number(s):
<input checked="" type="checkbox"/> Unit Leader (Specify) Situation Unit Leader	From: 04/01/06	To: present	Team Name(s) and Number(s): CAL FIRE Team 6
<input type="checkbox"/> Unit Leader (Specify)	From:	To:	Team Name(s) and Number(s):
<input type="checkbox"/> Unit Leader (Specify)	From:	To:	Team Name(s) and Number(s):
<input type="checkbox"/> Technical Specialist (Specify)	From:	To:	Team Name(s) and Number(s):
<input type="checkbox"/> Branch Director (Specify)	From:	To:	Team Name(s) and Number(s):

I certify that all of the information in this matrix is true and correct. I understand this information is subject to verification and I have provided the required documentation as outlined in the enclosed memo. I also understand that I may be required to bring supporting documentation to the Qualifications Appraisal Interview.

Signature _____

Date _____